

ITEMIZATION OF DAMAGES

Markel Insurance Company Restitution Claim

0:23-cr-00193-PJS-LIB-1 US vs. Terry Jon Martin

<i>Exhibit</i>	<i>Description</i>	<i>Total</i>
A	O'Toole-Ewald Art Associates	\$7,837.50
B	Valarie Jones Travel Expenses	\$626.82
C	Dave Washburn Travel Expenses	\$2,350.49
	TOTAL	\$10,814.81

Exhibit A

INVOICE

274 Madison Avenue, Suite 1305
New York, NY 10016
(212) 989-5151
FAX: (212) 242-1629

CLIENT: Valarie H. Jonas Dave Washburn, CPCU Markel – Claims 4600 Cox Road Glen Allen, VA 23060	JOB DESCRIPTION: FILE NUMBER: CLAIM NUMBER: P014042 POLICY NUMBER: TELEPHONE NUMBER: (415) 490-4610 (Jonas) (804) 527-3820 (Washburn) EMAIL ADDRESS: Valarie.Jonas@markel.com Dave.Washburn@Markel.com
DATE: April 5, 2019	
INVOICE NUMBER: 12723	
APPRAISER: Elin Lake-Ewald, Ph.D., ASA, FRICS	
DESCRIPTION OF SERVICES: Onsite inspection/ Research/ Report compilation/ Travel time/ Direct expenses/ Travel expenses Flat Fee	\$ AMOUNT: \$7,500.00
	TOTAL AMOUNT DUE: <u>\$7,500.00</u>

Invoices payable in full upon receipt. Penalty charges 1½% for all unpaid invoices over 30 days. In the event it is necessary to hire an Attorney to collect any outstanding balance, you will be charged an additional amount for attorney fees incurred.

TAX ID NO: 13-2933242

Payment accepted by bank transfer. For details, contact Dionis Rodriguez at dir@otoole-ewald.com

Rev. February 15, 2018

O'Toole-Ewald Art Associates, Inc.

INVOICE

New York, London, Venice

183 Madison Avenue, Suite 806
 New York, NY 10016
 (212) 989-5151
 FAX: (212) 242-1629

CLIENT:	JOB DESCRIPTION:	Consultation Re: Ruby Slippers belonging to Michael Shaw
Jean Gardner, Esq. Schindel, Farman, Lipsius, Gardner & Rabinovich, LLP 14 Penn Plaza New York, New York 10122	FILE NUMBER:	
	CLAIM NUMBER:	
	POLICY NUMBER:	
	TELEPHONE NUMBER:	(212) 563-1710 ext 215
	FAX NUMBER:	(212) 695-6602
DATE: March 2, 2010		
INVOICE NUMBER: 10772		
APPRAISER: Elin Lake-Ewald, Ph.D., ASA, MRICS		
DESCRIPTION OF SERVICES:	\$ AMOUNT:	
Research/ Contacts with Ruby Slipper experts-Total of 1 ½ hours		\$337.50
	TOTAL AMOUNT DUE:	\$337.50
Invoices payable in full upon receipt. Penalty charges 1½% for all unpaid invoices over 30 days. In the event it is necessary to hire an Attorney to collect any outstanding balance, you will be charged an additional amount for attorney fees incurred.		
TAX ID NO: 13-2933242		

Exhibit B



MARKEL CORPORATION

FOR 2016 TRAVEL REIMBURSEMENT

Name	Valarie Jonas	1202	Accounting Unit	106891	Date	July 27, 2018
Trip Location	Employee HR #			307528	Approver Signature	<i>See attachment</i>
Minneapolis					Approver Printed Name	Shari Marko
Please put an "X" in ONE of the appropriate box.						
Domestic Travel	<input checked="" type="checkbox"/>			For all travel expense reimbursements please do not combine domestic, foreign or training costs in one reimbursement request.		
Foreign Travel	<input type="checkbox"/>					
Training Travel	<input type="checkbox"/>					
Description of trip or event	Trip to Minneapolis re Ruby Slippers P014042					

Week 1	Date:	9-Jul-18	10-Jul-18					Week 2 Total	Total	Acct #
Taxi	\$125.00	\$125.00								
Rental Car Gas										
Tolls										
Parking										
Ground Trans.	Total:	\$125.00	\$125.00					\$250.00		652025 X D 652060 F 652100 T
Rental Car Expense										652029 D 652061 F 652105 T
Personal Car Expense	Miles Driven:	60.540	Amount:							652028 D/F 652110 T
Commercial Air										652030 D 652065 F 652115 T
Train										652027 D/F 652100 T
Hotel	\$299.10							\$299.10		652045 X D 652080 F 652120 T
Personal Meals	Breakfast:		\$12.47							
	Lunch:	\$12.13								
	Dinner:	\$25.36	\$27.76							
	Total:	\$37.49	\$40.23					\$77.72		652050 X D 652085 F 652125 T
Telephone										654005 D/F 652130 T
Marketing/Conventions										653070 D/F
Entertainment							Total Week 2			652055 D/T 652060 F
Fill Out Entertainment/Other Expense form										
Other Expenses										652055 D/T 652060 F
Fill Out Entertainment/Other Expense form										
							Total Expenses	\$626.82		
							Adjustments			
							Amount Due	\$626.82		

By signing this expense reimbursement form, you confirm compliance with the Corporate expense reimbursement policy, the Corporate Vehicle Usage Policy and the travel-related paragraph of the Use of Wireless Communications Devices Policy for auto related expenses found on the Policy tab of this worksheet.

Employee: *Valarie Jonas*
Signature: *Valarie Jonas*

Send Check to: Valarie Jonas, San Francisco
Department: Claims counsel

Exhibit C



MARKEL CORPORATION

FOR 2019 TRAVEL REIMBURSEMENT

Name	Dave Washburn	Accounting Unit	Date
	1202	106853	March 8, 2019
Trip Location	Employee HR #	Approver Signature	
Minneapolis, MN	300362		
Please put an "X" in ONE of the appropriate box.			
Domestic Travel	<input checked="" type="checkbox"/>	Approver Printed Name	
Foreign Travel	<input type="checkbox"/>	Steve Boesen	
Training Travel	<input type="checkbox"/>		
Description of trip or event	Travel related to continued handling of claim #P014042		

Week 1	Date:	14-Feb-19	15-Feb-19					Week 2 Total	Total	Acct #
Tax	\$94.56	\$117.44								
Rental Car Gas										
Tolls										
Parking	\$12.00	\$12.00								
Ground Trans.	Total:	\$106.56	\$129.44					\$236.00		
									652025	X D
									652060	F
									652100	T
Rental Car Expense									652029	D
									652061	F
									652105	T
Personal Car Expense										
Miles Driven:	50.0	50.0							652028	X D/F
\$0.580	Amount:	\$29.00	\$29.00					\$58.00	652110	T
Commercial Air	\$30.00	\$30.00						\$60.00	652030	X D
									652065	F
									652115	T
Train									652027	D/F
									652100	T
Hotel	\$107.60							\$107.60	652045	X D
									652080	F
									652120	T
Personal Meals	Breakfast:	\$19.00								
	Lunch:	\$20.00	\$24.00						652050	X D
	Dinner:	\$25.00	\$25.00						652085	F
	Total:	\$45.00	\$68.00					\$113.00	652125	T
Telephone									654005	D/F
									652130	T
Marketing/Conventions									653070	D/F
Entertainment							Total Week 2			
Fill Out Entertainment/Other Expense form									652055	D/T
Other Expenses									652090	F
Fill Out Entertainment/Other Expense form										D/F
							Total Expenses	\$574.60		
							Adjustments			
							Amount Due	\$574.60		

By signing this expense reimbursement form, you confirm compliance with the Corporate expense reimbursement policy, the Corporate Vehicle Usage Policy and the travel-related paragraph of the Use of Wireless Communications Devices Policy for auto related expenses found on the Policy tab of this worksheet.

Employee
Signature:

Send Check to:

Dave Washburn

Department:

Claims/Glen Allen



MARKEL CORPORATION

FOR 2018 TRAVEL REIMBURSEMENT

Name	Dave Washburn	1202	Accounting Unit	106853	Date	August 3, 2018
Trip Location	Employee HR #			300362	Approver Signature	
Minneapolis, MN					Approver Printed Name	Steve Boesen
Please put an "X" in ONE of the appropriate box.						
Domestic Travel	<input checked="" type="checkbox"/>			For all travel expense reimbursements please do not combine domestic, foreign or training costs in one reimbursement request.		
Foreign Travel	<input type="checkbox"/>					
Training Travel	<input type="checkbox"/>					
Description of trip or event	Travel for recovery investigation on claim P014042					

Week 1	Date:	9-Jul-18	10-Jul-18						Week 2 Total	Total	Acct #
Taxi	\$59.31	\$54.00									
Rental Car Gas											
Tolls											
Parking	\$12.00	\$12.00									
Ground Trans.	Total:	\$71.31	\$66.00						\$137.31		
										652025	X D
										652060	F
										652100	T
Rental Car Expense										652029	D
										652061	F
										652105	T
Personal Car Expense	Miles Driven:	50.0	50.0								
	\$0.545: Amount:	\$27.25	\$27.25						\$54.50		
Commercial Air	\$1,106.32	\$25.00							\$1,131.32		
Train										652030	X D
										652065	F
										652115	T
Hotel	\$319.76								\$319.76		
Personal Meals	Breakfast:	\$17.00								652045	X D
	Lunch:	\$20.00								652080	F
	Dinner:	\$25.00	\$24.00							652120	T
	Total:	\$45.00	\$41.00						\$86.00		
Telephone										652050	X D
										652085	F
										652125	T
Marketing/Conventions										654005	D/F
										652130	T
										653070	D/F
Entertainment								Total Week 2			
Fill Out Entertainment/Other Expense form										652055	D/T
Other Expenses									\$47.00		
Fill Out Entertainment/Other Expense form										652090	F
										X	D/F
								Total Expenses	\$1,775.89		
								Adjustments			
								Amount Due	\$1,775.89		

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Employee:

Send Check to: Dave Washburn

Department: Claims/Glen Allen